



**PHILADELPHIA MUNICIPAL COURT
FIRST JUDICIAL DISTRICT OF PENNSYLVANIA**

1339 Chestnut Street, 10th Floor, Philadelphia, PA 19107

Marsha H. Neifield, President Judge Patricia R. McDermott, Deputy Court Administrator

STATEMENT OF CLAIM

Code: Consumer Purchase - (4)

SC/CP: # SC-17-12-22-5711

LVNV Funding LLC
625 Pilot Road Suite 3
Las Vegas, NV 89119

Gloria Ramos
1033 W Russell Street
Philadelphia, PA 19140

Plaintiff(s)

Defendant(s)

Service Address (information) if other than above:

To the Defendant: Plaintiff is seeking a money judgment against the Defendant(s) based on the following claim:

Plaintiff, LVNV Funding LLC, is the Assignee and Successor in Interest of Account number ending in *****9569; and, said credit account was issued to Defendant(s), Gloria Ramos by Credit One Bank, N.A., the Original Creditor. Defendant, Gloria Ramos, received, accepted and used the account to its benefit. This account is in default due to defendant's failure to make timely payments. Although demand has been made, Defendant, Gloria Ramos, has failed to make payment of the amount due and owing. Defendant, Gloria Ramos, is an adult individual residing at 1033 W Russell St, Philadelphia PA 19140-5420. The amount due and owing as of this date is \$1,904.94.

Internal File: RES81509

Summons to the Defendant

You are hereby ordered to appear at a hearing scheduled as follows:

Citation al Demandado

Por la presenta, Usted esta dirijido a presentarse a la siguiente:

1339 Chestnut Street 6th Floor
Philadelphia, PA 19107
Hearing Room: 5

March 2nd, 2018

01:00 PM

Amount Claimed

Principal	\$	1904.94
Interest	\$	0.00
Attorney Fees	\$	0.00
Other Fees	\$	0.00
Subtotal	\$	1904.94
Service	\$	27.00
State Fee	\$	14.75
Automation Fee	\$	5.50
Convenience Fee	\$	5.00
JCS St. Add. Surcharge	\$	11.25
JCS St. Add. Fee	\$	2.25
ATJ Fee	\$	2.00
ATJ Surcharge	\$	10.00
Court Costs	\$	22.00
TOTAL CLAIMED	\$	2004.69
Date Filed:		12/22/2017

I am an attorney for the plaintiff(s), the plaintiff's authorized representative or have a power of attorney for the plaintiff(s) in this statement of claims action. I hereby verify that I am authorized to make this verification; that I have sufficient knowledge, information and belief to take this verification or have gained sufficient knowledge, information and belief from communications with the plaintiff or the persons listed below and that the facts set forth are true and correct to the best of my knowledge, information and belief. I understand that this verification is made subject to the penalties set forth in 18 Pa. C.S. § 4904, which concerns the making of unsworn falsifications to authorities. If I am an authorized representative or have a power of attorney, I have attached a completed Philadelphia Municipal Court authorized representative form or a completed power of attorney form.

MICHELLE L. SANGINITI, Esq

Signature Plaintiff/Attorney
Atty ID #: 311248

Address & Phone 165 PASSAIC AVENUE SUITE 301B
FAIRFIELD, NJ 07004
973-226-0050

NOTICE TO THE DEFENDANT, YOU HAVE BEEN SUED IN COURT.
PLEASE SEE ATTACHED NOTICES

AVISO AL DEMANDADO LE HAN DEMANDADO EN CORTE. VEA POR FAVOR
LOS AVISOS ASOCIADOS.

If you wish to resolve this matter without appearing in court, please contact the attorney shown above immediately.

Exhibit P-3

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